

South Carolina  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
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February 14, 2008

## **MEDICAID BULLETIN**

**DME**

**08-01**

**TO: Medicaid Providers**

**SUBJECT: Revised Procedures and Reimbursement for the Home Uterine Activity Monitor (HUAM)**

Effective April 1, 2008, the South Carolina Department of Health and Human Services will modify the criteria for approval of the Home Uterine Activity Monitor (HUAM) and the associated reimbursement for codes S9349 and S9001. As currently required, at least one of the following criteria which necessitates a home uterine activity monitor and/or subcutaneous tocolytic therapy must be met.

1. Idiopathic pre-term labor that has required or will require hospitalization for IV tocolytic therapy.
2. Multiple gestations (three or more fetuses) that has required or will require hospitalization for IV tocolytic therapy.
3. Uterine anomalies or placenta previa that has required or will require hospitalization for IV tocolytic therapy.

Additionally, HUAM is considered **medically necessary** in limited circumstances for billing under code S9001 when **all** of the following criteria have been met:

1. Gestational age is between 24 and 35 weeks, **and**
2. Patient is confined to verified bed rest (bed rest must be documented) with bathroom privileges only, **and**
3. Patient is in current pre-term labor or has had previous pre-term labor within the same pregnancy which has been arrested, **and**
4. There is a documented cervical change, i.e., effacement, dilatation or cervical shortening, **and**
5. The patient's membranes are intact.
6. In addition, the patient must have a working telephone and be agreeable to daily contact by the provider either by phone and/or in-home/onsite visits. Provider must be in daily contact with the patient and the contact must be documented. If the provider is unable to contact the patient via telephone on a daily basis, then the provider will be required to make in-home/onsite visits with the patient every day.

7. The patient would have to be hospitalized for uterine activity monitoring and/or subcutaneous tocolytic therapy if this HUAM service were not offered, **or**
8. If currently hospitalized, this service will allow the patient to be discharged.
9. The patient is assigned to a delivering physician who has back-up coverage in his or her absence.

Continuous and/or intermittent subcutaneous tocolytic therapy via infusion pump billed using code S9349 is considered medically necessary in patients who meet **all** of the following criteria:

1. Meets all of the criteria for the S9001 listed above, **and**
2. When oral tocolysis fails to control uterine contractions that result in a cervical change, **or** progressive cervical change **or** dramatic cervical shortening warrants the need for aggressive treatment prior to failed oral tocolytics.
3. There are no contraindications to the continuation of pregnancy.
4. There is no fetal distress.

Effective with dates of service beginning April 1, 2008, HUAM will be reimbursed as follows:

1. S9349 - \$180 per day up to 77 days within 3 months
2. S9001 - \$ 65 per day up to 31 days per month

All other policies and approval processes regarding HUAM coverage and billing will remain the same.

If you have any questions regarding this bulletin, please contact your Program Manager, at (803) 898-2882. Thank you for your continued support and participation in the South Carolina Medicaid Program.

/s/

Emma Forkner  
Director

EF/gwd

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